

**Attachment C  
Estimated Cost Schedule  
Fees Not to Exceed**

	<b>Psychologist, M.D.,*</b>	<b>LCSW</b>	<b>LCPC</b>	<b>LAC</b>
<b>Consultation (phone or in person)</b>				
Per 15 minutes	31.25	18.75	18.75	18.75
<b>Screening</b>				
Per hour	125.00	75.00	75.00	
<b>Examination for diagnostic information (within screening category)</b>				
Screening/2hr	250.00	75.00	75.00	
Document review/hr	125.00	75.00	75.00	
Analysis/Conclusion/Report Writing/Administrative (e.g., preparation of case specific forms, compiling files, archiving files, writing letters to attorney, etc.) and Case Management (e.g., TPC w/ attorneys, TPC w/ examinees, collateral interviews/TPC etc.)/hr	125.00	75.00	75.00	
Specify if diagnostic tool is used				
Personally Administered/ hr	125.00	75.00	75.00	
Computer generated	Per cost	Per cost	Per cost	
<b>CD specific examination (see Attachment F)</b>				
Full CD evaluation	300.00	300.00	300.00	300.00
Computer generated	Per cost	Per cost	Per cost	Per cost
Additional Document review or assessment/hr (must be required AND pre-approved)	125.00	75.00	75.00	75.00
<b>Specialized Examination (Competency, fitness to proceed, sex offender, etc. )</b>				
For Screening/2hr	250.00	----	----	----
Document review/hr	125.00	----	----	----
Specify evaluative tool used				
Personally administered/hr	125.00	----	----	----
Computer generated	Per cost	----	----	----
Analysis/Conclusion/hr	125.00	----	----	----
Sex Offender Evaluations	1250.00	1250.00	1250.00	
(Includes Risk Assessment)				

**Travel**

Travel time will be calculated at 50% of the Protocol-indicated hourly rate with a cap of \$60 per hour.

Mileage reimbursement will be calculated at State Rate for all disciplines.

Currently 48.5 cents/mile (effective January 01, 2007)

Miles calculated via State site <http://www.mdt.mt.gov/travinfo/scripts/citydist.pl>

Overnight lodging and per diem per State Rate

**Court Testimony**

To be paid at 150% of the Professional's Protocol-indicated hourly rate. Testimony is to include wait time at the court house.

**No Show (NS) for appointment**

To be paid for one hour at 50% the Protocol-indicated hourly rate.

\*APRN paid at 90% that of Ph.D./M.D. rate

*Professional Record of Billing* form is to be used (please see attachment H).